HealthPOWER!

Prevention News

Veterans Health Administration May 2004

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The Second Annual Preventive Medicine Training Conference: Prevention Today for Healthy Veterans Tomorrow

The VA National Center for Prevention (NCP) held its Second Annual Preventive Medicine Training Conference: *Prevention Today for Healthy Veterans Tomorrow* May 10-13, 2004, at the National Conference Center in Lansdowne, Virginia. Building on its successful first annual conference last August in Albuquerque, the meeting attracted about 175 VA attendees from all across the country.

All conference attendees received a copy of a new manual written by NCP staff, *Put Prevention into VA Practice: A Step-by-Step Guide to Successful Program Implementation*. The manual is designed to assist Prevention Coordinators and their prevention teams in establishing, implementing, and running a prevention program in their medical facilities.

Class in session

The speakers and sessions at the meeting specifically focused on improvement in the prevention-related performance measures. Frances Murphy, MD, MPH, Deputy Under Secretary for Health for Health Policy Coordination, provided the opening keynote address. Dr. Murphy emphasized three areas of importance in prevention: tobacco cessation, mental health, and care at home. She discussed three themes for advancing prevention practices in VHA: using evidence to build better programs, partnerships, and reaching into the community. Following Dr. Murphy's address, individual and team Prevention Champion awards were presented.

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NCP Mission Statement

The VA National Center for Health Promotion/Disease Prevention (NCP) is the central resource for "All Things Prevention", to include: prevention information, prevention education and training, prevention research, and prevention recommendations for the VHA. The Center facilitates the improvement and availability of prevention services in order to reduce illness, death, disability, and cost to society resulting from preventable diseases.

From the Director's Desk...

The Big Prevention Course, and Hoping for Health

The Course. Big things are happening for VA Prevention. One of them is that Prevention Coordinator course we had May 10-13! Whoa, what a class! (*Read Linda Kinsinger's report in this edition*.) What you might not appreciate from the article or the pictures, is the enthusiasm, the motivation, the interest, and the expectations – the HIGH expectations – of the attendees. It's a thrill to go into a fight with these guys at your back. I was fearful that we had set the standard too high at last year's course; that we could never meet the expectations that we had established last year; that the attendees would never have the same fire; that the exact formula could never be recreated to achieve the same chemistry; that we'd have a lackluster event – the kind of dull medical meeting that everyone looks forward to skipping. Didn't happen! Best course ever! Why? The "students", the attendees, the speakers, the staff – they're all Commandos, guerillas fighting for a cause, doing what it takes to make Prevention happen in VA, believing that what they do makes a difference, and dedicated to duty and service to the Vets. How can we lose with a force like this? Only thing we missed was Paul Heineken, but we have a few people "in training."

Oh yeah, there were some new things we learned about running the course for next year – like a different location, more expeditious

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From the Chief of Staff...NCP Welcomes Five New Employees

The VA NCP is really excited about the hiring of five new staff members. These new staff are fully accomplished and have solid backgrounds in their field of expertise. I have the distinct pleasure of introducing these individuals:

Michael K. Anderson joined the staff in May 2004. He graduated from the University of Nebraska-Lincoln with a degree in Broadcast Journalism with minors in film theory, history and sociology. Michael has many years of experience in all aspects of film production, having worked on movies, television shows, commercials, music videos, and documentary films. Michael's experience includes historical footage research for documentaries and films including the 2002 film, *Pearl Harbor* and numerous documentaries appearing on the History and Discovery Channels. Michael is also skilled in film restoration and

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event planning and advertising, as well as a more directed effort to achieve informal team-building fun. Watch for it next Spring 05, and BE THERE. Meanwhile, if you have some ideas for next year, let me know.

Health Message. Every Newsletter issue has a health message, and my message for this month is about hoping for health. "I hope I make it to age 80"; "I hope I live to see my grandchildren grow up"; "I hope I never get THAT disease"; "I hope they find a cure for cancer"; "I hope I stay healthy"; I hope I can still dance when I'm 85"; I hope, I hope, I hope. **Stop**. If Hope is your plan for health, then you have no plan!

Those of you who are vets or know about the military (or similar agencies that have little room for mistakes) know that every single facet of military life is planned. Plan plan plan plan. Why? Because lives are lost when there is no planning down to the n^{th} detail. Plan for training, plan for readiness, plan for the inspection and rotation of logistical supplies to prevent malfunctions, plan for vacation time to rest the troops, plan for execution of the mission, plan for transportation and other support of the mission, plan for dealing with wounded, plan for dealing with prisoners, plan for taking care of civilians, and, most importantly, plan for possible failures and contingencies in the mission – and have back-up plans for everything. Even if nothing ever goes according to plan, it doesn't matter. It's the planning that prepares you for the fight and that teaches you to survive. It's no different for your health – you have to PLAN for health, and then actively prepare yourself to be healthy. Don't blunder down the road of Life and HOPE that your health remains good.

So, what are YOUR plans for staying alive and staying healthy?? And, what is your guidance for your patients to stay alive and stay healthy? The Plan for Healthy Life is guided by Prevention. Specifically, Primary Prevention: your first level of planning is not how you're going to take medicines or have surgery (secondary prevention) or for rehab (tertiary prevention). Instead, you plan how to prevent disease and how to stay healthy. Start moving more; stop tobacco use; watch your weight; don't use illicit drugs; if you drink, drink only in moderation; live sensibly and consciously limit your risks. Make a plan now!

Start tuning in to the NCP's efforts on Employee Wellness and our Role Model initiative. Remember Yevich's attitude about Role Models – it's not how you look, it's not what you do, or how fast you do it, or how many times you do it. It's whether you do it *AT ALL*. So, DO IT, and do it NOW! Start moving more; stop tobacco use; watch your weight; don't get entangled in substance abuse! Live sensibly and don't take stupid adolescent risks. Don't "wake up" to this message when it's too late to turn back the years of accumulated unhealthy living. Make a plan now, and prepare for health. Old guys only look foolish when they have poor mental and/or physical health due to taking unnecessary risks. No matter what you might have been in your younger years, no matter what achievements you might have attained in the past, no matter the accolades, praise, honors or prowess you claimed, when your bad health is the result of your own personal responsibility, you get no sympathy – or, worse yet, sympathy is ALL that you get. Don't do this to yourself. Only YOU are responsible for YOU. Help yourself, and do it now. I need youse guys alive and healthy at my back; even more importantly, **the vets** need you to be healthy. So plan for it, and live the life you advocate for your patients.

"Life is War – if you're not getting shot at, then you're playing dead, or you're too far in the rear." sy

yevich out!

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archival protocols. Prior to joining NCP, he was on the staff of The UCLA Film and Television Archives.

Michael is a member of AMIA (Association of Moving Image Archivists) and is an FCC licensed broadcaster with 7 years of on-air radio experience. He is making plans to pursue a Masters degree in Public Administration.

On his weekends, Michael enjoys studying history, mountain biking, and live music. He is also an obsessed Nebraska football fan.

Dottie Jones is a native of Raleigh, NC and she currently resides in Morrisville, NC. She graduated from Meredith College with a degree in Spanish and a minor in Music.

Dottie's background includes six years of administrative experience. Over the course of these six years, she has worked at IBM, Glaxo SmithKline, and at an Executive Conference Center. During her time at the Conference Center, she became involved in meeting planning and event coordination. One of her future goals is to become a Certified Meeting Professional. Prior to joining NCP, she worked at the NC Department of Transportation.

In her free time, she enjoys going to the beach, playing the piano, watching movies, going to music concerts, and spending time with her family. She is an avid NC State Wolfpack fan.

Dr. Ken Jones will be joining the NCP in July as the MOVE! coordinator, transferring from the Gulf Coast VA System. Dr. Jones is a clinical psychologist who has specialized in health psychology. He has held positions in the VA and universities. His clinical and research interests have included weight management, metabolic syndrome, pain management, and the behavioral management of functional gastrointestinal disorders. In 2000, Dr. Jones received the Young Investigator Award from the Functional Brain-Gut Research Group of the American Gastroenterological Association for his work on the genetics of irritable bowel syndrome, and his work on sexual trauma in women veterans received a Presidential Citation from the Society of Behavioral Medicine in 1995. He regularly serves as a guest editor for the journal *Gastroenterology*. Dr. Jones has had a long-term interest in training of health psychologists and was the lead author of the American Psychological Association website guiding students in preparing for careers in health psychology: http://www.health-psych.org/whatis.html. The child of an Air Force officer, Dr. Jones has lived in 13 different states and abroad. His personal interests include catamaran sailing, kayaking, culinary arts, and enjoying the outdoors with his wife, Gail, and sons, Michael and Sam.

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Dr. Don Kirkendall joins the staff with a primary focus on research-past, present and new. He received his BSEd from Ohio University in 1972, MA from Ball State University in 1975 and PhD from THE Ohio State University (THE is a part of the name that we alums like to stress!) in 1979. His training was in the exercise sciences, statistics and research design. Some past jobs he has held have been at the US Olympic Training Center, Cleveland Clinic, Illinois State University, Duke Sports Medicine, and UNC Orthopaedics. He has over 50 peer-reviewed publications, edited 7 books and currently is on the Board of Trustees of American College of Sports Medicine, the editorial board for American Journal of Sports Medicine and an Associate Editor of Medicine and Science in Sports and Exercise.

The more interesting stuff is that he has 2 children: Trevor (East Carolina University) and Katy (Lenoir-Rhyne College). Most people in the exercise sciences have a sport of interest. Don is an ex-soccer player and sometime current player. He earned a national coaching license and sits on the Sports Medicine Committee of US Soccer while also working with FIFA's Medical Assessment and Research Center (F-MARC)…FIFA is the international national governing body of soccer. He is a jogger, a movie nut (with his son) and dabbles in Middle Eastern cooking, bonsai, B/W photography and reads political thrillers.

Jean [as in Jean-Paul II or Jean-Luc Picard] **Orelien** is a senior biostatistician with several years of experience in public health research. Jean has participated as a key-personnel on various studies sponsored by the National Institue of Health (NIH) and other agencies of the Department of Health and Human Services (DHHS) such as the Centers for Disease Control and Prevention (CDC). Previously, he has worked with the Research Triangle Institute and Constella Health Sciences where he was manager of statistical computing. Jean holds a Master degree in Statistics from NC state University and is on track to complete a doctoral degree in biostatistics at the University of NC at Chapel Hill by December 2004. When he is not working with statistics, Jean enjoys playing soccer, chess and scrabble. Originally, from Haiti that he considers to be part of the "deep South", Mr. Orelien claims to be a Southerner by birth. He's always in the mood for a nice bowl of grits and enjoys bluegrass music.

David Pattillo received a BS in Biology from The Citadel and a Masters of Healthcare Administration (MHA) from Baylor University. He also received a Masters in Military Arts and Science (MMAS) from the United States Army Command and General Staff College.

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David served as a Medical Service Corps officer in the United States Army and retired as a Lieutenant Colonel with over 20 years of service. During his career he participated in Operation "Urgent Fury" in Grenada (1983) and Operation "Uphold Democracy" in Haiti (1994).

Prior to joining the VA, David served in executive healthcare management positions in the private sector with both Columbia/ Health Care of America and the Cape Fear Valley Health Care System. He is coming from the VA Maryland Health Care System were he has served for the last three years.

David's wife is Deborah and they have one son, Chase.

Dr. Steve Yevich presenting award to Dr. Frances Murphy

Rima Nelson, VA Salt Lake City, UT

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Attendees then enjoyed viewing the posters at the poster session and mingling at the reception.

Michael Heisler, MD, MPH; with Dr. Linda Kinsinger

Guest speakers from outside VHA were Michael Heisler, MD, MPH, of Morehouse School of Medicine, William Dietz, MD, PhD, Director, Division of Physical Activity and Nutrition at the CDC, and Edward Noffsinger, PhD. Dr. Heisler spoke about the significant problem of health disparities by racial/ethnic groups in the delivery of preventive services. Dr. Dietz addressed the issue of overweight/obesity and physical inactivity in chronic disease prevention and detailed a number of behavioral, clinical, and community strategies to reduce the burden of this major health problem. Dr. Noffsinger talked about the strategy of meeting performance measures through group clinics and shared medical appointments, which have been shown to improve access, patient satisfaction, and quality of care.

William Dietz, MD, PhD

VHA plenary speakers included: Linda Kinsinger, NCP, who spoke about the science of prevention and population health and principles of screening; Stanlie Daniels, Office of Quality and Performance, who spoke about the program of performance measurement and new changes for FY 05; Patricia Ryan, Office of Care Coordination and VISN 8, who spoke about prevention through care coordination; Rima Nelson, VA Salt Lake City Health Care System, who spoke about evaluation

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of prevention programs; Richard Harvey, NCP, who gave an update of the *MOVE!* (Managing Overweight/Obesity for Veterans Everywhere) initiative; and Richard Harvey and Margaret (Peg) Dundon, Albany VAMC, who gave a joint presentation on behavioral strategies for population-level prevention.

Stanlie Daniels and class

Pat Ryan, Office of Care Coordination

The meeting included two panel sessions – the first consisted of 4 VISN representatives presenting best practices for prevention in their networks (Gurmukh Singh, VISN 4; Jan Therien, VISN 6; Yvette Williams, VISN 7; and Chona Macalindong, VISN 8) and the second of 4 *MOVE!* pilot site representatives (Nazir Memon, Albany; Peg Dundon, Buffalo; Jenny O'Donahue, Chicago; and Kathy Ober, San Diego).

Peg Dundon, PhD
VAMC Albany, NY

Six concurrent sessions on current or emerging prevention-related performance measures were well attended. Topics included smoking cessation by David Macpherson, Pittsburgh; PTSD screening and follow-up by Harold Kudler, VISN 6; hypertension by William Cushman, Memphis; hepatitis C screening and follow-up by Michael Rigsby, HIV and Hepatitis C Program Office, and Kristy Straits-Tröster, NCP; colorectal cancer screening and follow-up by Madhulika Agarwal, Washington, DC; and osteoporosis screening by Meri Mallard, Women Veterans Health Program.

Jenny O'Donahue
VAMC Chicago, IL (*MOVE!* Pilot Representative

Finally, the highlight of the meeting was the presentation of individual VISN prevention plans, developed in small group sessions over the course of the meeting by attendees from each VISN. These plans addressed the VISN-wide prevention-related performance measure improvement activities, staff education activities, and health promotion activities to be carried out over the coming year. It was exciting to see the groups use ideas presented during the conference in their plans and to feel the energy generated by the teams. Dr. Yevich gave the group a rousing send-off – to be continued next year!

The slide presentations and pictures from the meeting may be viewed at: http://www.vaprevention.com.

Annual Conference Location
Lansdowne, Virginia

Linda Kinsinger, MD, MPH
Assistant Director , Policy, Program, Training and Education
VA NCP

Highlights from the Second Annual Preventive Medicine Training Conference

Taking a coffee break

VISN Workgroup

2004 Prevention Class

Jan Therien
VISN 6 Preventive Medicine Leader

Meri Mallard, Women Veterans Health Program speaking at concurrent session

Poster Session

Evaluation of the 2002-2003 VA Influenza Toolkit: Providers' Ratings of Usefulness and Patients' Perspectives on Immunization

Here is our poster abstract that was presented at the 2nd Annual Prevention Training Conference in Lansdowne, Virginia on May 10-13th.

INTRODUCTION: Influenza is a major cause of preventable illness and death, yet vaccines are underutilized. Patient, provider and systems issues impact delivery of flu vaccination. This study evaluated the VA Influenza/Pneumococcal Resource (Flu) Toolkit for 2002-2003, developed by the VA National Center for Health Promotion and Disease Prevention (NCP) in collaboration with CDC and EES.

METHODS: The VA Flu Toolkit included materials for evidence-based strategies to optimize influenza immunization rates, including system-, provider- and patient-targeted approaches. Usefulness of the toolkit was assessed by a web-based survey of Flu toolkit end-users and Education Contacts. Postcard evaluations were included in each toolkit with instructions for return. Patient factors influencing flu shots were assessed in the Survey of Healthcare Experiences of Patients (SHEP) during DEC02-MAR03.

RESULTS: Postcard evaluations rated the toolkit's content positively but were not representative due to low response rate (n=28). Web-based surveys identified problems in distribution to Education Contacts; over 55% of users reported receiving the toolkit too late (NOV02 or later). Toolkit users (n=82) reported the toolkit was worthwhile (70%), and rated usefulness of toolkit components. Toolkit components rated moderately to extremely useful by over 70% of respondents included: CDC posters (83%), VHA Directive (77%), sample protocols (74%), SCI&D (73%), sample flyers (73%) and clinical reminders (71%). Most patients (n=102,347) reported having received a flu shot in October 2002 or later (73%). VA healthcare provider reminder was the most frequent response for getting the flu shot (30%), followed by posters (11%) and family/friend reminder (9%). Older patients most at risk (≥65 years) were 4 times more likely to have received a flu shot (83.5%), compared with veterans under age 65 (56.2%). Racial disparities were evidenced: over 70% of Whites and Asians received the flu shot, compared with fewer than 60% of Blacks. Although 52% of immunized veterans reported getting their flu shot from VA, 45% reported getting their flu shot elsewhere. The most frequent response for not receiving the flu shot was "did not want it" (44% of non-immunized) and "didn't know I needed one" (10%).

CONCLUSIONS: The majority of older patients most at-risk received influenza immunization. Nearly half of veteran respondents received flu shots outside the VA. Provider patient reminders had greatest impact on immunization rates. VA Flu Toolkits were reported to be worthwhile by provider users, although they arrived too late. Dissemination processes need to be evaluated, improved and streamlined.

The 2003-04 Flu Toolkit was distributed much earlier (early SEP 03), and we plan to get materials out even sooner this year. A few facilities will be contacted for a quick telephone survey.

Kristy Straits-Troster, PhD
Special Projects Coordinator

Susi Lewis, MA, RN
Assistant Director, Field Operations

VA NCP

National Public Health Week—April 5-11, 2004

The VA National Center for Health Promotion and Disease Prevention in collaboration with Dr. Francis Murphy, Deputy USH for Health Policy Coordination, Public Affairs, and others in VACO, promoted National Public Health Week in the VA. This year's theme by the American Public Health Association (APHA) was "A Call For Solutions To End Health Care Disparities—Eliminating Health Disparities: Communities Moving from Statistics to Solutions." The APHA's website which had numerous resources (snapshot of event; fact sheet; toolkit; press releases; call for solutions; sponsors and partners and more) http://www.apha.org/nphw/ was shared with the field.

A booklet was developed by NCP to share "ready to use" information and handouts for patients. The booklet is posted on NCP's website at www.vaprevention.com.

The following facilities participated in the event:

VAMC Birmingham, AL

The Birmingham VA Medical Center hosted a health fair for patients and employees in recognition of Public Health Week. We had free BP checks, colon cancer screening with hemoccult cards sent home, information on medications, information on mental health issues, information on women's health, and employee health. Over 100 patients and employees attended the event. Distribution of health education materials, healthy conscious snacks, as well as two health walks around the medical center highlighted the importance of physical fitness in maintaining a healthy lifestyle. The event was sponsored by the Preventive Health Care Team and the Benefits Team of the Employee Satisfaction Sub-council.

VA Central Alabama Healthcare System

At Central Alabama Veterans Health Care System we celebrated National Public Health week by posting flyers over all of the facilities and with a Poster presentation on the Montgomery and Tuskegee campus presented by the Public Health nurses: Dan Jones, RN in Montgomery and Diane Shoemaker, RN in Tuskegee as the kick off on Monday 4/5/04. We also had our Wellness Fair on April 7th and 8th and the public health information was included in the Patient and Preventive Health Education booth.

Also in collaboration with the Alabama Sheriffs Association of Montgomery we passed out flyers to parents on "child safety tips." We had information and handouts to take thumb prints, DNA information, personal information, dental identification chart and physical description sheet. We also gave out flyers on "Kids don't go with strangers" which included tips for parents to teach their children.

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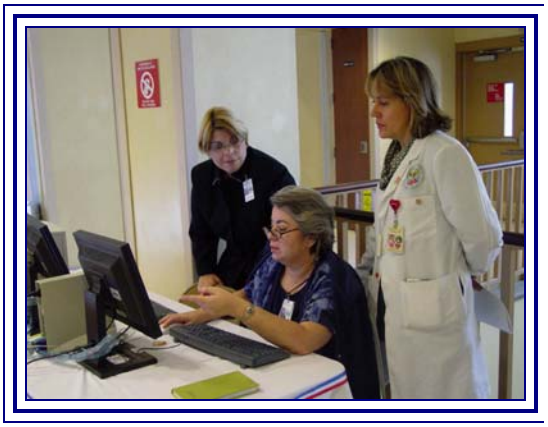
VAMC San Juan, PR

The San Juan Veterans Affairs Medical Center held a "National Public Health Fair" on April 6 and April 7. The fair was promoted in advance through posters in high traffic areas throughout the main building. The activities held at the lobby and the following services participated:

April 6: Nutrition, pharmacy, physical medicine and rehabilitation, psychiatry, library (My HealtheVet promotion), patient representatives (patients rights) nursing, dental, hepatitis C information and a high blood pressure clinic.

April 7: Pharmacy, telehealth (diabetes), women's clinic, pulmonary (smoking cessation), blind rehabilitation (prevention) library (My HealtheVet) and infection control.

The activities encouraged the active participation of patients and visitors. It was an interactive event with full promotion of My HealtheVet from the library, promotion of telehealth, cardiology took blood pressure, the blind rehab center talked to patients about the prevention of blindness, physical medicine and rehabilitation oriented visitors about foot care and pulmonary informed veterans on the smoking cessation programs available to them.



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VAMC Mountain Home, TN

The James H. Quillen VAMC at Mountain Home, TN, participated in National Public Health Week with a "Great American Weigh-In" event and demonstrations of the new "My HealtheVet" website. Both of these events were held at the National Public Health Week display in the hospital atrium, which featured numerous handouts & brochures on exercise, nutrition, stress reduction, smoking cessation, and other wellness topics.

VAMC Alexandria, LA

During National Public Health Week, the Women Health Program and Preventive Health of the Alexandria VA Medical Center sponsored a poster display entitled “Eliminating Health Disparities.” Although all health disparities were addressed, we particularly focused on those disparities affecting women. The display and handouts were set up in the main lobby of our medical center. This information was assessable to patients, visitors and staff.

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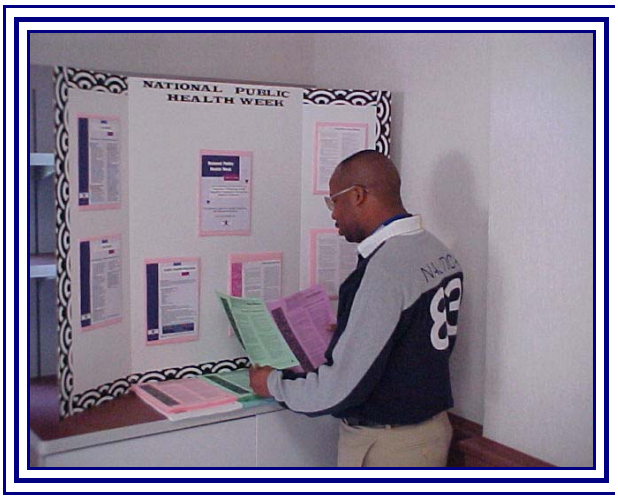
VAM&ROC Anchorage, AK – Mark Schwartz

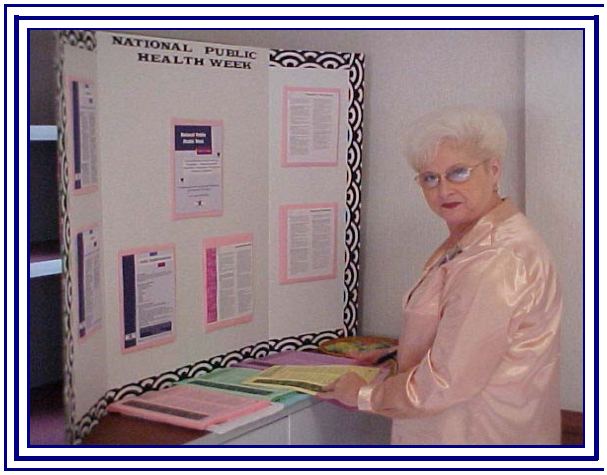


Multiple displays throughout the facility included information regarding the 10 leading health indicators from *Healthy People 2010.*

Each of these 10 indicators were addressed with information about methods and efforts to meet the goals established.

Informational packets were available for veterans and employees to take for review at their leisure.

Programs available were identified to help interested individuals gain additional information regarding assistance to help meet their needs.



VAMC Boise, ID

At the Boise VAMC, we utilized the health disparities information to create a tri-fold. The brochure was distributed to employees at our annual mandatory review fair (attended by more than 400 employees) on April 7th.

VA Puget Sound, Seattle Washington

In recognition of National Public Health Week April 5-11, 2004 there was a brown bag lunch

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and learn on disparities in health literacy entitled "You Can't Tell by Looking". All providers and educators were encouraged to attend. The lunch and learn was sponsored by the Employee Wellness Goal Sharing Team.

There were 15 people in attendance for our Lunch and Learn. Information on Health Literacy was given to Primary Care provider in their monthly meeting at the American Lake Division on Wed. April 14, 04.

VAMC San Francisco, CA

The Wellness Committee highlighted/focused on two selected topics during Public Health Week. Both activities were: advertised in the Beacon and on poster boards. A brief description of the activities, scope of influence and outcomes:

1. Health Literacy

"Be a Savvy Healthcare Consumer" event title

Number of veterans reached: 50 at main site, 50 at community clinic sites

Number of staff involved: 6

- Informational display, which included a glossary of common medical terms, hours of operation: 11-1 PM
- Demonstration of: the HealtheVet website, other useful preventive/self-care websites, supported medical library and patient health library staff
- Distribution of Healthwise Handbooks, promotion of Healthwise website (75 patient contacts)
- Plan for: Health Literacy focused staff in-service
  Friday, May 7th – 12-1, Dr. Hilary Seligman
  Title: Improving Provider/Patient Communication
  Targeted staff: providers/ interdisciplinary healthcare team
  Contacted the: California Literacy program as a resource

2. Alcohol Screening

Using information, both downloaded and mailed, from the National Alcohol Screening initiative, an informational display at the main usual "wellness" activity times, 11 AM – 1PM.

Estimated number of patient contacts: 50 at main site, 50 at community clinics. Level of interest: limited interest in completing screening form; more interest in identifying problem drinking/alcohol dependence and who to contact for help.

Number of staff involved: 4

We congratulate all of the medical facilities who celebrated National Public Health Week.

Susi Lewis, MA, RN
Assistant Director, Field Operations
VA NCP

SUMMER IS COMING!

Summer heat waves may produce high temperatures that can last for days or weeks. Each year, high temperatures put people at risk. The following are tips to protect yourself from high temperatures:

- Drink 2-4 glasses (16-32 oz.) of cool fluids each hour. Avoid beverages that are very cold or contain alcohol and caffeine.
- Wear lightweight, light-colored, loose-fitting clothing. In the hot sun, a wide-brimmed hat will provide shade and keep the head cool.
- Stay inside an air-conditioned area. Use your stove and oven less to maintain a cooler temperature in your home. Take a cool shower or bath to cool off.
- If you must be out in the heat, plan your activities so that you are outdoors either before noon or in the evening.
- Avoid hot foods and heavy meals—they add heat to your body. Do not leave infants, children, or pets in a parked car. Give your infants, children and/or pets adequate amounts of liquids.
- Limit your exposure to the sun during mid-day hours and in places of potential severe exposure such as beaches.

For more information about summer safety prevention, please visit the VA National Center for Health Promotion and Disease Prevention (NCP) website at www.vaprevention.com.

MOVE! Progress Report June 2004

Virginia Zele, MS, RD
MOVE! Coordinator

The ***MOVE!*** weight management and physical activity initiative is progressing smoothly with 7 of the 17 VHA facilities continuing enrollment of patients in the six month pilot site trials. Six sites have completed enrollment and are finishing data collection and the post-study assessment for some patients. Latest totals indicate that pilot site patient enrollment has exceeded 300 veterans actively participating in ***MOVE!***. Buffalo has recently hired Research Assistant Elizabeth Lewis to coordinate the expansion of ***MOVE!*** to 500 patients, covering both of the hospital's primary care clinics.

The Pueblo Colorado Community Based Outpatient Clinic (CBOC), under the guidance of Principal Investigator Jaydene Mathis, completed initial enrollment of 30 patients in April 2004. The Pueblo CBOC enrolled a record 26 patients in 3 days by using three staff members, each performing a specific task in the informed consent and enrollment processes. Group sessions have started with great enthusiasm, more than 50% of enrolled ***MOVE!*** patients have attended a class at the Pueblo CBOC. The patients have requested that classes be held more frequently, beginning in June 2004. ***MOVE!*** staff are reviewing the possibility of providing additional time for group physical activity sessions to include walking and simple exercises. Brief staff highlights are listed below:

- Jaydene Mathis, NP, coordinates all clinic ***MOVE!*** activities.
- Susan Miller, RN, is the clinic head nurse. She provides assistance with the computerized ***MOVE!*** patient assessment.
- Shirley Medina, RN, helps with patient follow-up contacts.
- Victor Sanchez, LPN, is responsible for phone call follow-ups and leading/ assisting with group sessions. Victor also participates in the pilot site bi-monthly conference calls as the site representative.
- Dirk Pounds, RD, provides nutritional counseling for ***MOVE!*** patients.
- Kathy Clawson, MSW, assists with group sessions and provides individual patient counseling.
- Joyce Palacio, LPN, also assists with ***MOVE!*** as needed.

A very successful second ***MOVE!*** pilot site meeting was held May 13-14, 2004, following the NCP Prevention Conference at the National Conference Center in Lansdowne, Virginia. All pilot sites sent at least one representative to attend the meeting. The agenda included research data collection review, discussion of national implementation strategies, and suggestions for program improvements. A special thanks goes out to the following field representatives attending the meeting:

Adrienne Ferriss, MD—Asheville, NC
Nazir Memon, MD, FACP—Albany and Clifton Park, NY
Betty Orduna-Salisbury, MD—Albuquerque, NM
Don Salisbury, MD—Albuquerque, NM
Jacob Blumenthal, MD—Baltimore, MD
Peg Dundon, PhD—Buffalo, NY
Sue Raymond, RD—Buffalo, NY
Jenny O'Donohue, NP—Chicago, IL
Elizabeth Smith, RN—Des Moines, IA
Shirley Gentry, RN—Durham, NC
Trish Johnson, RN—Minneapolis, MN
Joyce Jones, MD—Murfreesboro, TN
Brenda Martin, RN—Murfreesboro, TN
Jaydene Mathis, NP—Pueblo, CO
Patti Pritchard, RD—Puget Sound, WA
Kathy Ober, PhD, RN—San Diego, CA
Martha Nelson, NP—White River Junction, VT

Continuing Education Credit

Educating Your Prevention Team

There are several ways to use the contents of the *Put Prevention Into VA Practice* manual to provide more formal education credits for staff.

1. You can break the content into a series of "lunch and learns" or at other times in one hour segments (perhaps by chapter) and lead (or assign group members to lead) the group in reviewing the content of that chapter. Keep a roster of all attendees and submit to your TEMPO tracker for input.
2. Plan a daylong seminar focusing on the content in the manual. Assign team members to share in presenting the content from the manual. Keep a roster of all attendees and submit to your TEMPO tracker for input.
3. Break the content into 2 sessions in which half the content is presented in one day, and half in the next session. You can even do a little research, (involve your team QI person in this part) and share data specific to your clinic/facility to make the information pertinent to your facility's.
4. Prepare certificates for those who complete the entire review, either in one-hour sessions or one day or the two session option.
5. You can also set this up as an ongoing series.
   - The first 6 sessions can be devoted to reviewing manual content; the next 6 sessions can be devoted to taking each chapter's content and personalizing it to your facility.
   - To guide staff in this process, you may want to use the questions at the end of each chapter to help your team focus on key elements.
   - Next you may consider involving your team and the Quality Improvement staff in the initiation of a continuous review process.
   - With such a mechanism, you have a ready-made process for crediting staff with education and a continuous review process all in one.
6. If you don't know how to set up education credits, contact someone in your ACOSE office for assistance, or your service chief will be able to direct you to a point of contact.
7. To give official education credits (CMEs, CEUs) for this content, contact your facility's education staff who will be able to either assist you in that process or guide you to someone who can.

***Giving Credit Where Credit is Due*……**

The article **Women's Heart Health**, appearing in the March edition of Health*Power* Prevention News, failed to credit Rene Bloomer, RN, Nurse Supervisor, Cardiology/Cath Lab at the Stratton VAMC, Albany, New York. Rene coordinated this program, devoting hours of her own time to planning, putting together flyers, distributing handouts in the lobby and throughout the medical center, and creating a bulletin board display. In addition, Ms. Bloomer personally purchased 300 Red Dress pins and distributed them for donations, collecting $1400 for the American Heart Association. Ms. Bloomer was supported in her efforts by Dr. Joseph Sacco, Lead Cardiologist for VISN 2 who assisted with educational materials and collecting donations for pins. Linda Carpinello-Dillenbeck, WVPM, created a raffle basket and reported on these activities.

Music and Relaxation

Relaxation has been shown to be a benefit to many patients on measures of pain, distress, depression, anxiety and interference with daily living. Whether the goals are pain management, decreasing anxiety, decreasing depression or helping to cope with illness or life stressors, many therapists, nurses and other practitioners use relaxation techniques and often incorporate music to enhance the relaxation process. Research by music therapists and others has shown that music can enhance the relaxation response, help to reduce stress and increase tolerance for pain. Research has also shown that accommodating individual differences and preferences when selecting music for relaxation is of the utmost importance and increases the ability to relax. This article will describe a Music/Relaxation Program and how the Music Therapist selects the most effective relaxation music for individual clients.

Sedative music (defined in the literature as slow tempo, quiet, and non-vocal) is the type generally used for relaxation. However, even within the realm of sedative music, there is vast variety. There are many styles and kinds of music, and individual preferences are extremely important. Different people respond to particular types of music differently; what one person loves, the next person may hate or find boring. The wonderful floating feeling of a New Age piece might be perfect for one person and another may become more anxious, wondering when it's going to do something. The comforting steady beat, beautiful melody and predictable harmony of Bach might sound like a funeral dirge to some listeners. That lovely rain might not sound so relaxing to a Viet Nam veteran with Post Traumatic Stress Disorder (PTSD). Simply pulling a relaxation compact disc off the shelf and playing it for the client could, at best (and with some luck), be great. It might also be neutral, or, of more concern, make a situation worse or even be harmful to the client. So, how do we find the "right" music for each client, and make our use of music the most effective?

At the Albany, NY Veterans Affairs Medical Center (VAMC), a Board-Certified Music Therapist conducts a Music/Relaxation program for patients with pain or anxiety. Through interview and reviewing the medical record, she assesses each patient regarding their pain, emotional status, and musical preferences and responses. Past experiences (positive or negative) with particular types of music or instruments, and past experience with relaxation techniques also help to guide treatment decisions. There are a lot of musical elements (described below), and all were taken into consideration when developing the Music Preference Finder for Relaxation, now used at the Albany, VAMC. This Finder is comprised of samples of many types of relaxing music. The client listens and rates each sample on two scales, indicating how much he/she likes the piece and how relaxing it is. There is a comment section for each piece, and the client is encouraged to put down the specific things that influenced him/her to give it that rating. These are usually either descriptions of musical elements or personal associations to the music. Based on the client's ratings of the samples and through discussing those, the Music Therapist pulls together a framework of preferences in musical elements. The Music Therapist and client work together to determine what music will be used for relaxation for that client.

In order to find the best music, the Music Therapist is trying to determine the client's preferences in each of the following musical elements:

Tempo - is the speed of the music and **Rhythm** refers to the patterns of beats (steady, swinging, irregular, etc.). Slower tempos generally elicit more of a relaxation response, but no movement in the music could increase anxiety. A steady beat or rhythm is more predictable, whereas something that is arrhythmic is not. Some music is specifically designed to match a resting heart rate of 60 beats per minute. The strength of the beat could range from indecipherable through

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subtle and moderate to a very strong, pounding beat. Most wouldn't find a pounding beat relaxing, but an individual's preference could lie almost anywhere else on that continuum. Rhythm is also related to phrase length, which may be regular or irregular. Sometimes breathing patterns can be matched to the phrases, helping the client to deepen their breathing.

Dynamics - refers to the volume and to the range of volume. Louder dynamics will be more intrusive and feel stronger. Some people like and need this to help them "get into the music." Sudden or unexpected changes in volume can be jarring, but big waves of sound can pull a patient along and help them deepen their breathing. Other clients prefer a softer volume, or having the music more in the background. A consideration from the practitioner's side is whether you will be talking over the music, guiding a relaxation exercise. In this case, you will have to be heard over the music. If there is a lot of variance in dynamics, you will need to time your verbalizations with the quieter places in the music. This requires knowing the piece very well.

Pitch – Lower pitched music tends to have more of a grounding effect, and is often felt deep in the body. Higher pitched music can bring a feeling of being lifted up or floating. Pieces that include a wide pitch range (as in a full orchestra) might have an expansive feel. Any of these could be helpful for relaxation, but individuals may well prefer one range of pitches to another. In this writer's experience, many men are bothered by the higher pitches of the violin and flute. Great variance in pitch (sometimes high, sometimes low) could be distracting or even disconcerting for some listeners.

The **Melody** is the "tune" to a song or piece of music. Is the melody easy to follow and predictable or "singable?" Is it floating, hard to follow, and not easy to predict? Is the tune familiar to the client? Although listeners might not be able to verbalize this prior to a listening comparison, there are often individual preferences regarding these variables in melodies and melodic structures.

Even when played without accompaniment, nearly all music has an underlying **Harmonic Structure**. We usually think of major and minor keys, but there are additional modes (scales) and other ways to change the harmonic structure. What we refer to as "Classical" music is based on Western European music, and is very predictable to the ears of North Americans. At any given time, the music is usually in a major key or a minor key. The chords resolve, and tie in with rhythmic structure (often in 4- or 8-measure phrases). Popular music (folk, rock, country, blues) is all based on the Classical harmonic structure. Whether the music is in a major or minor key, or some other mode can affect mood and trigger associations. Impressionistic music (Debussy, Ravel), and some New Age music (as well as jazz) use thicker, full, lush chords, blurring traditional harmonies. This harmonic structure, along with a freer form, makes these types of music somewhat less predictable. However, Impressionistic music is often appealing to the senses and to the imagination (and good for imagery).

Form is closely related to the harmonic and melodic structures. It is the design or blueprint around which a piece is made, and gives the piece its shape. Repetition of phrases and sections, and repetition with some sort of variation or change are at the core of musical form. Even though we may not be consciously aware of it, form greatly influences our response to music. More structured form (Baroque, Classical, popular) is more predictable, and less structured form (Impressionistic, New Age) is less predictable. Some clients find predictability (whether in form, melody, rhythm, or harmonic structure) comforting, whereas others find less predictability more freeing.

Instrumentation affects **Timbre** or tonal color of the music. There is a wide variety to choose from (strings, brass, woodwinds, piano, percussion, bells, vocal, etc.), and each has its own tonal color. Some are bright and some are mellow; some have tones that sustain (all the winds, violin family, many synthesized tones) and some have tones that decay (piano, plucked strings,

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percussion). Vocal music should be used with caution; in general, the words should not be understandable, as that would draw the listener's attention to the words and meaning of the song, and away from the relaxation. However, if *distraction* (rather than relaxation) is the goal, understandable words might be very appropriate. There are many other traditional and non-traditional instruments, and also nature and animal sounds that can be very useful in relaxation.

In addition to the specific instruments, the number instruments (solo, small ensemble, full orchestra, solo with accompaniment or with orchestra, etc.) and the thickness (lots or little going on) affect the timbre and the feeling of the music. The variety and combination of instruments in a particular piece will affect the client's reaction to it. An all-string orchestra is very different from piano with orchestra. Ocean waves with music are very different from ocean waves alone.

Once the Music Therapist and client have determined the most effective music, the therapist compiles or suggests to the client specific pieces to be used for relaxation. Using a program of these specific pieces, the therapist guides the patient through a relaxation exercise. The type of relaxation is also part of the clinical decision-making, and could be Progressive Muscle Relaxation, autogenic relaxation, some type of guided imagery, or a combination. The patient is encouraged to practice the relaxation techniques, paired with the music on their own. In addition to learning how to relax, they will develop a conditioned response to the music. The mind/ body will associate that particular music with relaxation, and begin to respond and relax as soon as the music begins. Follow-up sessions reinforce the relaxation techniques and monitor how effective the program is with the patient.

Music is a great tool for enhancing relaxation. All practitioners need to be aware that individual responses to music vary. To the greatest extent possible, allow your patients choices in the selection of music, and give patients an opportunity to listen to different samples. Music may "hath charms to sooth the savage breast," but only if the music is carefully and appropriately chosen.

Barbara MacLean, MS, MT-BC, FAMI has been a practicing clinician since 1978, spending most of her career in Veterans Affairs Medical Centers. She has used music for relaxation with geriatrics, medical, rehabilitation and psychiatric adults, and currently works at the Albany, NY VAMC.

Put Prevention Into VA Practice: A Step-By-Step Guide to Program Implementation

At the second Annual Prevention Training Conference in Landsdowne, Virginia on May 10-13, NCP unveiled and disseminated, "Put Prevention Into VA Practice: A Step-By-Step Guide to Successful Program Implementation." All 150+ conference participants received a copy. All Prevention Coordinators (PCs) and VISN Preventive Medicine Leaders will also receive a copy.

This manual represents the initial step in Prevention Workforce Development. The manual has been personalized and tailored specifically to provide a nuts-and-bolts approach for the VA. Quoting Dr. Steven Yevich: "The driving vision was that, using this guidance, a new PC should literally be able to sit down on the very first day of the job and begin to put together a great Prevention Program."

We anticipate updating the manual yearly, so please provide candid feedback throughout the year by sending NCP a quick e-mail. Your input will be valuable when we produce the first revision. Contact persons at NCP include (telephone no. (919) 383-7874):

Susi Lewis, ext. 234
Rosemary Strickland, ext. 239
Connie Lewis, ext. 233
Dr. Linda Kinsinger, ext. 222

We also plan to have the manual posted on our website, so keep checking…www.vaprevention.com.

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We hope you enjoy the manual and find it beneficial in your everyday practice while caring for and serving our veterans. Thank you!

ASK DR. LINDA

Linda Kinsinger, MD, MPH
Assistant Director
Policy, Program, Training and Education
VA NCP

Q. What is recommended for screening patients for diabetes?

A. In March 2003, the VA/DoD National Clinical Practice Guidelines Council published a diabetes clinical practice guideline (http://www.oqp.med.va.gov/cpg/DM/DM_base.htm) that calls for the following:

- Screening for type 2 diabetes mellitus (DM) should be considered at 1 to 3 year intervals in all adults beginning at age 45.
- Screening younger non-pregnant adults who have hypertension or dyslipidemia or multiple other recognized risk factors for diabetes should be considered. Risk factors include history of impaired glucose tolerance, BMI >25 kg/m2, sedentary lifestyle, first-degree relative with DM, history of gestational DM or large (>9 lb) birthweight infants, hypertension, HDL cholesterol <35 mg/dL (0.90 mmol/l) and/or fasting serum triglycerides >250 mg/dL (2.82 mmol/l), history of polycystic ovarian syndrome, member of a high-risk ethnic population, impaired glucose tolerance or impaired fasting glucose on previous testing, or other clinical conditions associated with insulin resistance.
- Fasting plasma glucose (FPG) is the preferred screening test for DM and is also a component of diagnostic testing. DM is diagnosed if the value is 126 mg/dL on at least two occasions. A normal FPG is <110 mg/dL. An FPG >110 and <126 mg/dL (7.0 mmol/l) is an indication for retesting, which should be done on a different day.
- Although not recommended as a first-line screening test, casual non-fasting plasma glucose >200 mg/dL (on at least two occasions) is sufficient to diagnose DM, and <110 mg/dL is sufficient to exclude it. Random (non-fasting) plasma glucose in the range 111 to 199 mg/dL should be followed up with a fasting plasma glucose.

In December 2003, the US Preventive Services Task Force published somewhat different recommendations (http://www.ahrq.gov/clinic/uspstf/uspsdiab.htm). They did not recommend for or against routinely screening all asymptomatic adults for type 2 diabetes, due to insufficient evidence of net benefit. But they did recommend screening adults with hypertension or hyperlipidemia, because they are at increased risk for cardiovascular disease and diagnosing diabetes would influence the aggressiveness of treatment for the other 2 risk factors. In terms of which screening test to use, FPG test (≥126 mg/dL) is preferred because it is easier and faster to perform, more convenient and acceptable to patients, and less expensive than other screening tests. HbA1c is similar, but less sensitive in detecting lower levels of hyperglycemia.

2004 Prevention Champions 2nd Quarter

The VA National Center for Health Promotion and Disease Prevention is in its second year of recognizing prevention champions throughout the nation on a quarterly basis. The recipient of this national award is recognized for their meritorious and distinguished accomplishments in the field of prevention and health promotion in the Veterans Health Administration. Each quarter, three awards are presented in the following categories:

- Clinical "Hands On"
- Administrative "Behind the Scenes"
- A Prevention "Team Award"

Here are the 2nd Quarter Prevention Champions:

Dr. Nazir Memon
Clinical "Hands On"

Dr. Memon is an attending physician at the Albany, New York CBOC. Dr. Memon plays a significant role in the institution's health promotion and disease prevention program. He regularly updates staff on clinical information to bring evidence-based medicine into practice. His initiatives for preventive health, including obesity awareness and the "MOVE" pilot program are just two examples.

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Dr. David Macpherson Administrative "Behind the Scenes"

Dr. Macpherson serves as the Vice President, Primary Care Service Line for the VA Pittsburgh Healthcare System and leads the Council for Primary Care for VISN 4. Dr. Macpherson has consistently and diligently championed prevention issues in general and smoking cessation in particular. He is leading the effort to educate primary care providers in providing counseling to patients and the use of nicotine replacement therapy to promote smoking cessation. The highlight of Dr. Macpherson's efforts was a network-wide summit on tobacco use cessation on November 25, 2003.

***MOVE!* Team**
Prevention "Team Award"

The *MOVE!* Team of Primary Care Group 1 at the Buffalo VA decided to participate in the national pilot study of the *MOVE!* program, which required all parties to find time in their busy primary care clinic schedules to complete the 2-hour research certification training, a one-hour process training, and to incorporate a significant new intervention into routine clinic visits. Systems were developed to streamline the process, such as computerized CPRS note templates, consults, and scheduled follow-up telephone clinics. Response to this new program was so overwhelming from medical providers and patients alike, that research committee approval was sought to increase enrollment to 500. In the climate of ever-growing clinical demands for front-line staff, the willingness of these team members to embrace this ambitious initiative is commendable.

The prevention champions' pictures and accomplishments are posted on our website at www.vaprevention.com. Please take a few minutes to nominate a Prevention Champion. The nomination form for submitting a champion is included on the following page and is also posted on our website. Nominations can be faxed, emailed or web submitted to Susi Lewis, RN.

WANTED—Newsletter Articles!

NCP wants to hear from you. If you have articles for publication in the Health*POWER*! Prevention News, please submit them to the Editorial Staff:

Connie Lewis, Editor/Publisher—ext. 234
Rosemary Strickland, Assist. Editor—ext. 239

Address: 3000 Croasdaile Drive
Durham, NC 27705
(919) 383-7874

Making a Difference in the Year 2004
Prevention Champion

*The VA National Center for Health Promotion and Disease Prevention is pleased to announce the quarterly **National Prevention Champion Award,** which will be presented to one VA employee per quarter in recognition of meritorious and distinguished accomplishments in the field of Prevention and Health Promotion in the Veterans Health Administration*

Name of Nominee: _____

Where Employed: _____
Service, Department, Unit Work Phone # Email Address

Immediate Supervisor: _____
Printed Name Signature Work Phone #

Please write a brief description (limit narrative to 1-2 pages and address achievements within the past 12 months) regarding your nomination (on reverse side/blank sheet). Justification factors you may consider:

- Someone who has made significant contributions in the field of health promotion and disease prevention (clinical, education, research)
- Someone who has done an excellent job in a function or on a project related to prevention/health promotion
- Someone who has taken initiative, shown innovativeness, persistence, has an impact and/or made a difference in prevention/health promotion to veterans served
- Someone you feel worthy of such an award, maybe a leader, a helper, a shaker and a mover who makes the impossible happen
- Team awards will be considered in FY 2004

The winners will receive:
****A Special Award**Recognition in the HealthPOWER! Prevention News and the Magazine of Ambulatory and Primary Care**Recognition at the Annual Prevention Conference**Recognition on the NCP Website showcasing accomplishments**An opportunity to visit the National Center in Durham, NC.**

1st Quarter
Submission deadline: November 15, 2003
Award announcement: December 15, 2003

2nd Quarter
Submission deadline: January 30, 2004
Award announcement: March 15, 2004

3rd Quarter
Submission deadline: March 30, 2004
Award Announcement: May 15, 2004

4th Quarter
Submission deadline: July 30, 2004
Award announcement: August 15, 2004

You may submit nomination forms via:
Website: www.vaprevention.com
E-mail: susi.lewis@med.va.gov
Fax: 919-383-7598
Mail: NCP
Attn: Susi Lewis
3000 Croasdaile Drive
Durham, NC 27705
Questions? Please call 9 19-383-7874
Ext. 233 (Connie) or Ext. 234 (Susi)

...More Highlights from the Second Annual Preventive Medicine Training Conference

Poster Presenters

VISN Workgroup

VISN Workgroup

Preventive Medicine VISN Meeting

VA National Center for Health Promotion
and Disease Prevention
3000 Croasdaile Drive
Durham, NC 27705

Putting Prevention Into Practice in the VA